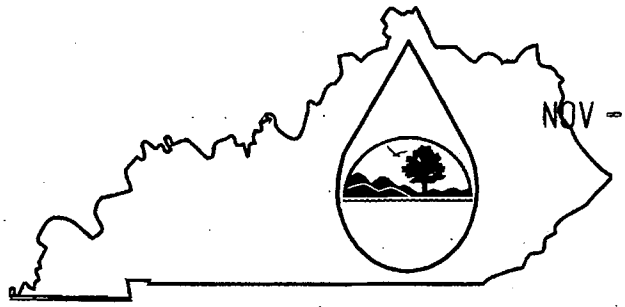
KPDES FORM 1

AI 3326



NOV - 8 2007

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAR 5 2008

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☑ RSC Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	2	4	7	2	4

A. Name of business, municipality, company, etc. requesting permit
OLDHAM COUNTY SEWER DISTRICT

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: ASH AVENUE WWTP	Owner Name: OLDHAM COUNTY SEWER DISTRICT
Facility Location Address (i.e. street, road, etc.): KENTUCKY HIGHWAY 362	Mailing Street: 700 WEST JEFFERSON STREET
Facility Location City, State, Zip Code: CRESTWOOD KY 40014	Mailing City, State, Zip Code: LA GRANGE KY 40031
	Telephone Number: 502-225-9477

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:
TREATMENT OF DOMESTIC WASTEWATER

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	~~4952~~ 6552		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: OLDHAM	City where facility is located (if applicable):

C. Body of water receiving discharge:
UNNAMED TRIBUTARY @ MP 1.54 TO FLOYDS FORK @ MP 45.57

D. Facility Site Latitude (degrees, minutes, seconds): 38° - 17' - 34.5"	Facility Site Longitude (degrees, minutes, seconds): 85° - 28' - 17.1"

E. Method used to obtain latitude & longitude (see instructions): USGS MAP

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

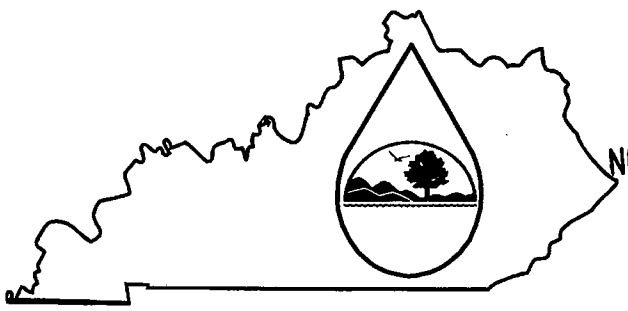
Facility Fee Category:	Filing Fee Enclosed:
PUBLICLY OWNED TREATMENT WORKS	NOT APPLICABLE

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
VINCENT BOWLIN, PE, EXECUTIVE DIRECTOR/CHIEF ENGINEER	502-225-9477
SIGNATURE: Vincent Bowlin	DATE: Nov. 7, 2008

KPDES FORM SC



NOV - 8 2007

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

MAR 5 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: ASH AVENUE WWTP

I. FACILITY DISCHARGE FREQUENCY	AGENCY USE							

A. Do discharge(s) occur all year? Yes [X] No [ ]
(Complete Item IX for intermittent discharges.)

B. How many days per week? 7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions): PLANT DESIGNED TO SERVE 750 HOMES (SFR). THERE ARE CURRENTLY 888 CONNECTIONS TO THE PLANT. ESTIMATED POPULATION SERVED IS 2,664

B. If new discharger, indicate anticipated discharge date: N/A.

C. Indicate the design capacity of the treatment system: .030 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
							FLOYDS FORK

Method used to obtain latitude/longitude
(i.e. GPS unit, USGS topographic map coordinates, etc.)

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:	NONE	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: NONE (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	NONE
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
ASHBROOKE SUBDIVISION	173 = 3 people per house 519
CONFEDERATE ESTATES SUBDIVISION	132 = 396
FAIRFIELD SUBDIVISION	109 = 327
(SEE APPENDIX A) TOTAL POPULATION SERVED	474 = 1422

Connections 888

Population 2,664

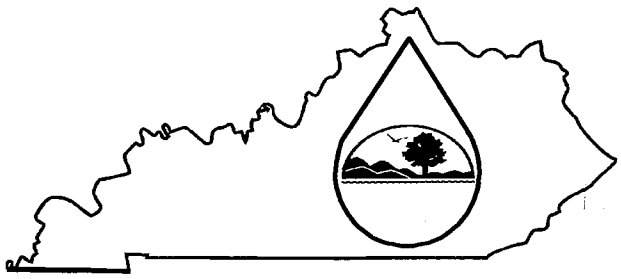
Send revised population #s

Appendix A

Name	Population Served	~~Type of Collection System~~	~~Ownership~~
FOX RUN SUBDIVISION	41	123	
VILLAGE GREEN SUBDIVISION	109	327	
~~GRAHAM VILLAGE APARTMENTS~~			
WOODMONT SUBDIVISION	322	966	
ASHLAND SUBDIVISION	2	6	
	474	1,422	


Crestwood
Rollington
Pewee Valley
Frazierstown
Pewee Valley
St James Ch
St Aloysius Sch
Pewee Valley Cem
Pewee Valley Temple
Confederate Cem
Floydsburg
Reamers Rd
Reamers
Old
Cottage Rd
Maple Ave
Cherry Ave
Hawley
Gibson
Sewage Disposal
45th Avenue WWTP
Factory Lane
Jefferson
Floyds
Shelby Co
Pipelines
Cem
Scale 1 : 25,000
1" = 2080 ft
DeLORME
© 2002 DeLorme. 3-D TopoQuads ®. Data copyright of content owner.
www.delorme.com

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE							

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Ash Avenue Wastewater Treatment Plant

Mailing Address: Kentucky Highway 362
Crestwood, Kentucky 40014

Contact person: Wayne Mills

Title: Operator

Telephone number: 502-523-0835

Facility Address: Kentucky Highway 362
(not P.O. Box) Crestwood, Kentucky 40014

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Oldham County Sewer District

Mailing Address: 700 West Jefferson Street, LaGrange, Kentucky 40031

Contact person: Vince Bowlin, PE

Title: Executive Director/Chief Engineer

Telephone number: 502-225-9477

Is the applicant the owner or operator (or both) of the treatment works?

X owner X Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

____ facility X Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	KY0024724	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Name	Population Served
Woodmont Subdivision	966	Ashbrooke Subdivision	519
Ashland Subdivision	6	Confederate Estates Subdivision	396
Village Green Subdivision	327	Fairfield Subdivision	327
Fox Run Subdivision	123	**Total population**	2,664

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes X No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes X No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate .300 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	.269	.333	.290	mgd
c. Maximum daily flow rate	1.005	.979	.985	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

X	Separate sanitary sewer	100 %
_____	Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? X Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ 0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes X No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes X No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes X No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes X _____ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001 1

b. Location

Crestwood, Kentucky	40014
(City or town, if applicable)	(Zip Code)
Oldham	Kentucky
(County)	(State)
38°-17'-34.5"	85°-28'-17.1"
(Latitude)	(Longitude)

c. Distance from shore (if applicable) 2 ft.

d. Depth below surface (if applicable) N/A ft.

e. Average daily flow rate .290 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes X No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ Mgd

Months in which discharge occurs: ____

g. Is outfall equipped with a diffuser? ____ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water Unnamed tributary at MP .54 to Floyds Fork at MP 45.57

b. Name of watershed (if known) Floyds Fork

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): Salt

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): ____

d. Critical low flow of receiving stream (if applicable): N/A

acute ____ cfs chronic ____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): ____ mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

X Primary X Secondary

____ Advanced ____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal _____ %

Design SS removal _____ %

Design P removal _____ %

Design N removal _____ %

Other _____ _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? X Yes ____ No

d. Does the treatment plant have post aeration? ____ Yes X No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001 1

Reporting Period: January – December 2007

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	5.6	s.u.			
pH (Maximum)	7.1	s.u.			
Flow Rate	.985	mgd	.290	mgd	12
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	14.5	mg/l	6.4	mg/l	12		
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		2410	N/100	391.7	N/100	12		
TOTAL SUSPENDED SOLIDS (TSS)		241.5	mg/l	46.5	mg/l	12		

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

Based on 1" rain event, the WWTP receives an additional 110,000 gallons of I/I.

Briefly explain any steps underway or planned to minimize inflow and infiltration.

OCSD plans to initiate a manhole assessment survey along with a small flow survey for the older sections of the system. This information will be used

to develop and prioritize future projects to reduce I/I within the system.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes X No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

____None_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

	Schedule	Actual Completion
Implementation Stage	MM / DD / YYYY	MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001 2 **Reporting Period: January – December 2007**

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	8.5	mg/l	2.6	mg/l	12		
CHLORINE (TOTAL RESIDUAL, TRC)	0.035	mg/l	0.012	mg/l	12		
DISSOLVED OXYGEN	9.0	mg/l	8.1	mg/l	12		
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)	6.1	mg/l	3.3	mg/l	12		
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Vince Bowlin, P.E., Executive Director

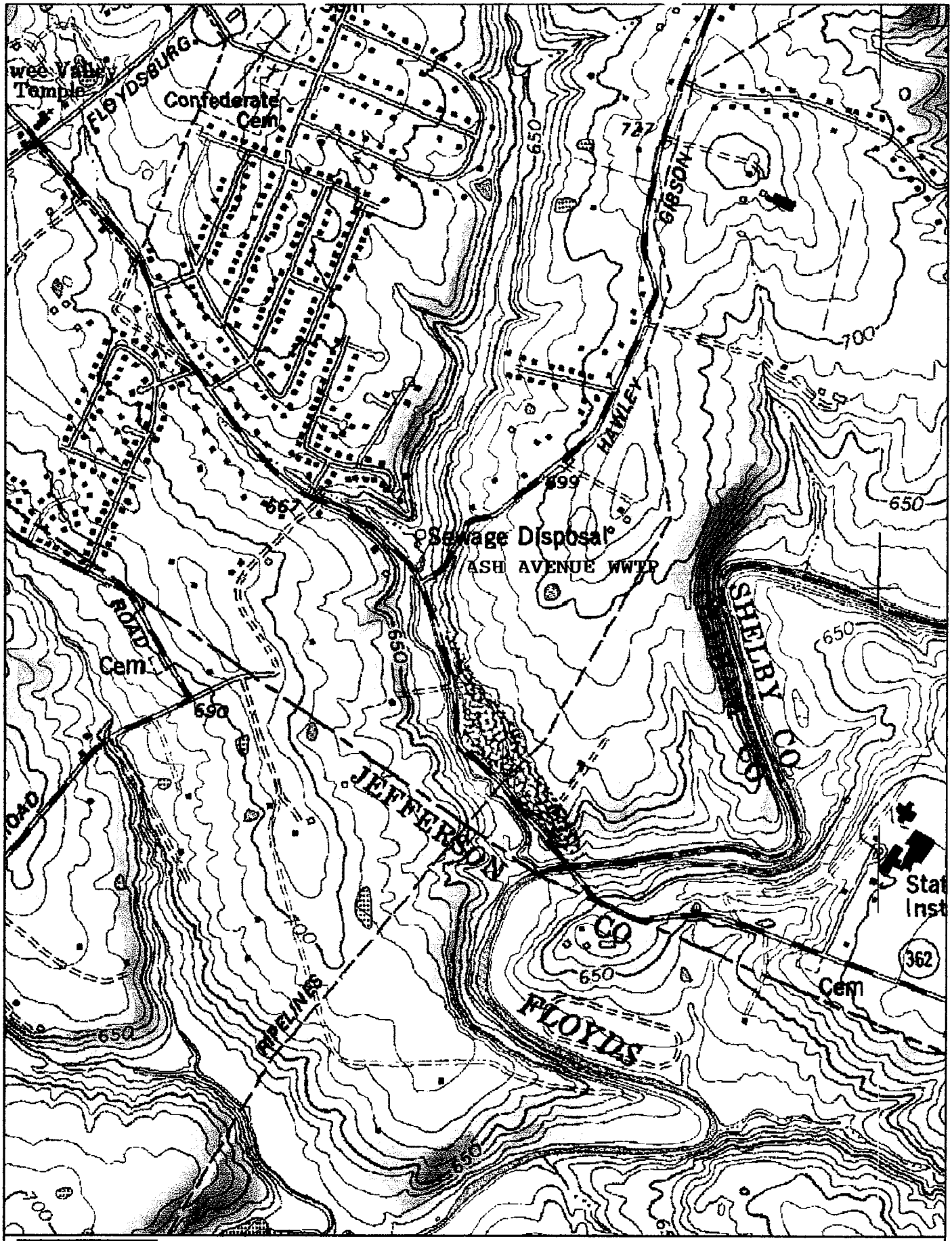
Signature: Vincent Bowlin

Telephone number: 502-225-9477

Date signed: February 19, 2008

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

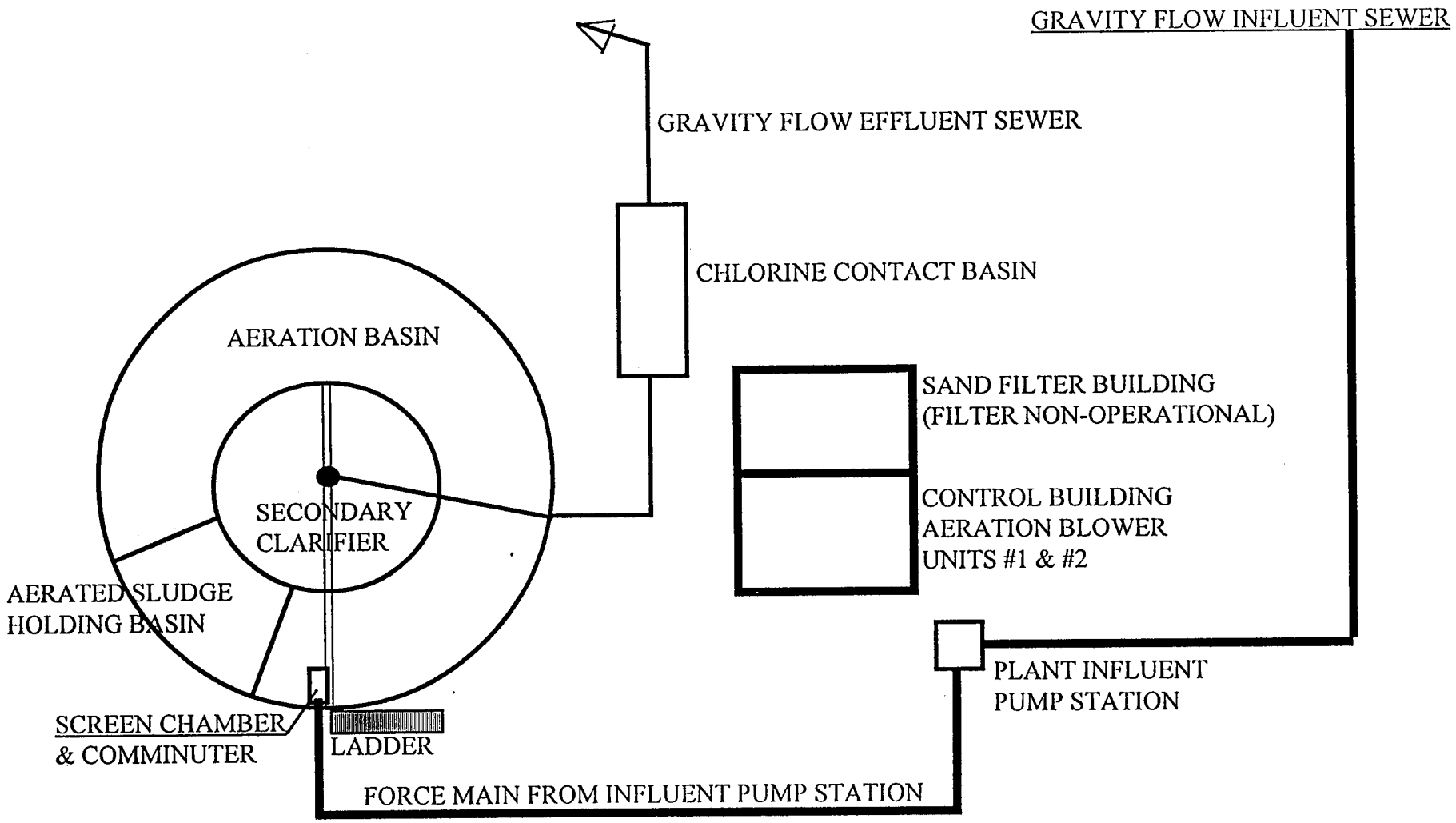


Scale 1 : 12,800
1" = 1070 ft

0 200 400 600 800 1000 ft
0 100 200 300 400 500 m

TN
MN
3.5°W

FIGURE 1-1
ASH AVENUE WWTP TREATMENT PROCESS



ASH AVENUE STEEL PACKAGE PLANT: 300,000 GPD AVERAGE DAILY DESIGN FLOW CAPACITY

WIDE CHART-WWTP-9

OLDHAM COUNTY SEWER DISTRICT
KENTUCKY

700 West Jefferson Street
LaGrange, KY 40031

NOV - 8 2007

November 2, 2007

MAY 5 2008

Ms. Vickie L. Prather, Acting Supervisor
Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

Re: **KPDES No. : KY0024724**
Ash Avenue Wastewater Treatment Plant
Oldham County

Dear Ms. Prather:

Enclosed is a completed and signed application for renewal of the KPDES permit for the Ash Aveune wastewater treatment plant. If there are any questions concerning the application and information provided therein please do not hesitate to contact this office.

Sincerely,

Vincent Bowlin

Vince Bowlin, P.E.
Executive Director

Cc: OCSD Board
Louisville Regional Office w/enclosure

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